Please type a plus sign inside this box	<u> </u>	P	TO/SB/01 (12/97)	App	proved for	use through 09/	30/00, OMB 0651-0032	
DECLARATI			Attorne	y Docket Number 3		31529.0011		
PATENT			First N	amed In	ventor	Guldenfels et al.		
(37 CFR 1.63)			COMPLETE IF KNOWN					
		Declaration Submitted: Filing (sure (37 CFR 1) required)	d after Initial urcharge 1.16(e))	Applie	ation Nu	mber		
Declaration Submitted OR with Initial Filing				Filing 1	Date			
				Group	Art Unit			
				Examir	er Nam			
As a below-named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
SNAP-ON SIDE GUARDS								
the specification of which (Title of the Invention)  is attached hereto OR								
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application (Numbers)	Country		Foreign Filing Date (MM/DD/YYYY)			riority Claimed	Certified Copy Attached? YES NO	
						000		
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number	r(s)	F	Filing Date (MM/DD/YYYY)					
·.						nu su	Iditional provisional application imbers are listed on a pplemental priority data sheet FO/SB/02B attached hereto.	

## **DECLARATION – Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge me duty to disclose information which is material to patentiability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
U.S. Parent Application or PC Number	T Parent	Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)				
,								
☐ Additional U.S. or PCT international app	Nication numbers are listed on	a supplemental priority dat	n sheet PTO/SB/02B	attached hereto.				
As a named inventor, I hereby appoint the following Office connected therewith:	registered practitioner(s) to p	prosecute this application an	d to transact all busin	ness in the Patent :	and Trademark			
☐ Customer Number  OR  ■ Registered practitioner's name/registration number	ner liered below		Nun	ice Customer iber Bar Code Label Here				
Registered practitioner's name/registration mink								
Name	Registration Number	Na	ıme	Registration Number				
David L. Principe Ranjana Kadle Martin G. Linihan Kevin D. McCarthy John M. Del Vecchio	39,336 40,041 24,926 35,278 42,475	R. Kent Rob Michael F. Patrick J. Daniel C. C Edwin T. Be	Scalise Tracy Diverio	40,786 34,920 42,187 33,435 16,639				
□Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto								
Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below								
Name David L. Principe	David L. Principe							
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Country United States Telepl	ione (716) 85	6-4000	Fax	(716) 849-0349				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
Name of Sole or First Inventor:								
Given Name (first and midd	le [if any])	Family Name or Surname						
Dieter		Guldenfels						
Inventor's Signature	ldelu	•		Date	June 18 2001			
Residence: City Pfeffingen	State	Country	Switzerland	Citizenship	Swiss			
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City Pfeffingen	State	ZIP	CH-4148	Country	Switzerland			
☐ Additional inventors are being named	on the supplemental Add	litional Inventors shee	t PTO/SB/02A a	ttached hereto.				

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joi	int Inventor, if any;			A peti	tion has bee	n filed for this un	signed invento	r	
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Inventor's Signature						<u> </u>	Date		
Residence: City		Ştate			Country		Citizenship		
Post Office Address									
Post Office Address					· · · · · · · · · · · · · · · · · · ·				
City		State			ZIP		Country		
Name of Additional Joint Inventor, if any:									
Given Name (first and middle [if any])			Family Name or Surname						
Inventor's Signature							Date		
Residence: City		State			Country	,	Citizenship		
Post Office Address									
Post Office Address									
City		State			ZIP		Country		

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